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Bib Data Sheet

CONFIRMATION NO. 8466

|  |  |                                   |   |  |                                |
|--|--|-----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/882,616   | <b>FILING DATE</b><br>06/15/2001<br><b>RULE</b>  | <b>CLASS</b><br>455               | <b>GROUP ART UNIT</b><br>2681   | <b>ATTORNEY DOCKET NO.</b><br>082853000000US |                                |
| <b>APPLICANTS</b><br>Alexander Paritsky, Modiin, ISRAEL;<br>Alexander Kots, Ashdod, ISRAEL;<br>Okihiro Kobayashi, Yokohama, JAPAN;<br>Nobuhiro Miyahara, Tokyo, JAPAN;<br>Yutaka Hattori, Tokyo, JAPAN;  |  |                                   |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>NONE R.S.   |  |                                   |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 11-294219 10/15/1999<br>yes R.S.   |  |                                   |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b><br>** 08/10/2001  |  |                                   |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <u>Rashan</u><br>Acknowledged <u>Examiner's Signature</u> Initials |  | <b>STATE OR COUNTRY</b><br>ISRAEL | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>2                     | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>20350  |  |                                   |   |  |                                |
| <b>TITLE</b><br>Optical microphone portable telephone  |  |                                   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>420  | <b>FEES: Authority has been given in Paper</b><br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |